Edgecombe County Fire Marshal's Office Office # (252) 641-7843/7806/7816 Fax # (252) 641-7887

Application for Blasting/Explosives Storage Permit

| Date of Application//_ | | | |
|--|---|---|---------------------------------------|
| Applicant | | | |
| Address | | | |
| City | State | Zip | |
| Contact Contact Phone | | one # | |
| | | | |
| Location of Blast/Storage Site | | | |
| City | State | Zip | |
| Start Date// | Completion | Date/ | / |
| This application must be complete Marshal's Office prior to the issuation processing. The following items 1. Certificate of Insurance or have 2. List of materials to be used on provide a site plan indicating inhabited buildings, public roads. 3. Provide information on magazito be stored in each. 4. Parcel Identification Number. | ance of the permit. Pleare required to be submove a current certificate on site. If storage of matthe location of storage radways and separation zine types to include an | ease allow (2) working the desired with this application on file in our office. The desired is proposed of magazines and distant of multiple magazines. | ng days cation: on site, ances to es. |
| Applicant Signature | | // Date | _ |